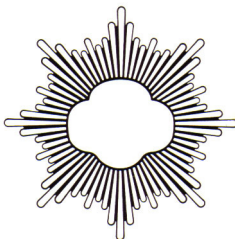


Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas

Girl Scout Silver Award Take Action Project

APPLICATION

(Use this form for Silver Award Guidelines, 2009)



Type or print clearly using black or blue ink. Make copies for your GS Silver Award advisor, your troop/group advisor and for yourself. Submit original application to Linda Archer, Staff Advisor for Silver Awards, at least six weeks prior to project start date. Do not begin work on your project until you have received council approval in writing.

Name: _____ Phone: (____) _____

Address: _____ City & Zip: _____

E-mail: _____ Age: _____

Name of School: _____ Grade: _____

Troop/Group Number: _____ Number of Years in Girl Scouts: _____

Troop/Group Advisor: _____ Phone: _____

Service Unit: _____

Take Action Project Advisor: _____ Phone: _____

Title of GS Silver Award Take Action Project: _____

Type of Project (circle one): Solo Team

Anticipated Start Date: _____ Anticipated Completion Date: _____

Date Application Submitted to Council: _____

Step #1 ~ Go on a Cadette Journey

Cadette Journey: _____ Date Completed: _____

Advisor's Signature _____

Step #2 ~ Identify Issues You Care About

Issues that concern me: _____

Step #3 ~ Build Your Team

_____ I have chosen to create and implement my own Silver Award Take Action Project.

_____ I will work with a small team (no more than three to four girls) to create and implement my Silver Award Take Action Project. (If working as a team with other Girl Scouts who will use the project as their Silver Award, each girl must play an active role in choosing, planning and developing the team's project.) My team members are (list all, whether GS or non-GS):

Step #4 ~ Explore Your Community

Community issues identified: _____

Community contacts who might be able to help: _____

Step #5 ~ Choose Your Take Action Project

Briefly describe the community issue you have decided to address and the reasons you have chosen this particular issue. _____

Step #6 ~ Develop Your Project

Briefly describe your Take Action Project: _____

Whom will this Take Action Project benefit? _____

What lasting impact do you think this project will have on the community? _____

List the skills, talents and abilities that you will put into action: _____

What supplies will you need? _____

Estimate the overall expenses for your project and how you plan to meet these costs. Attach a copy of your budget sheet to this application. (Refer to the Diamonds Council Fund Development Policies for specific guidelines of what is/is not allowed and processes for approval of requests.)

What do you hope to learn from this project? _____

Advisor's Signature

Your Signature

RETURN APPLICATION TO:

**Linda Archer
Silver Award Staff Advisor
GS-DAOT, Fort Smith Regional Service Center
5705 Gordon Lane
Fort Smith, AR 72903
Fax: 479-452-3365
Email: larcher@girlscoutsdiamonds.org**

Date submitted to council _____

Date received by council _____

Follow up _____

Response _____

Approved by _____

Date _____